

# EXHIBIT 51

<b>Massachusetts Registry of Motor Vehicles</b> <b>RMV-1 Application Form (617) 351-4500</b> <a href="http://www.massrmv.com">http://www.massrmv.com</a>				3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap)				4. <input type="checkbox"/> Address Change			
				1. Reg Eff Date _____ 2. Reg Exp Date _____							
<b>Registration/Vehicle Information</b>				5. Plate Type _____		6. Registration Number _____		7. Previous Title # _____		8. State _____	
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____				10. Vehicle Identification Number: <u>1 H D 1 H A 2 4 2 3 K 8 4 9 3 9 6</u>							
11. Year <u>2003</u>	12. Make <u>HD</u>	13. Model Name <u>VRSCA</u>	14. Model # <u>MC</u>	15. Body Style <u>MC</u>	16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple			17. # of Cylinders/Passengers/Doors <u>2</u> / <u>2</u> / <u>0</u> / <u>1</u>			
18. Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		19. Total Gross Weight (Laden) _____		20. Motor Power * <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Owner Information</b>				22. Owner 1 License #/State <u>S85073696</u> <u>MA</u>		23. Owner 2 License #/State _____		24. EIN/FID # (see block 29) _____			
25. Owner 1 Name (Last, First, Middle) <u>SHOMOS, THEODORE</u>						26. Owner 1 Date of Birth <u>8/25/1980</u>					
27. Owner 2 Name (Last, First, Middle) _____						28. Owner 2 Date of Birth _____					
29. City/Town/County _____						30. City/Town Where Vehicle is Principally Garaged: <u>Middleton</u>					
31. Mailing Address <u>3 JERSEY LANE</u>				City <u>MIDDLETON</u>		State <u>MA</u>		Zip Code <u>01949</u>			
32. Residential Address _____				City _____		State _____		Zip Code _____			
33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>License Number</span> <span>Date of Birth</span> <span>State</span> </div> <div style="display: flex; justify-content: space-between;"> <span>EIN/FID Number</span> <span>Name of Lessee</span> </div> </div>											
34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee _____											
<b>Signatures</b>				I/WE THE APPLICANTS HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.							
35. Signature of Owner From Block 25 or 29. Also Print Name If Different <u>[Signature]</u>				36. Signature of 2nd Owner From Block 27. Also Print Name If Different _____							
37. Authorized Dealer's Signature <u>[Signature]</u>				38. Dealer Reg No. <u>1</u>							
39. Seller's Name (Please Print) <u>CYCLE CRAFT COMPANY INC</u>											
40. Seller's Address <u>1700 REVERE BEACH PKWY (RT 10) EVERETT MA 02149</u>											
<b>Insurance Certification</b>				THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREINBEFORE NAMED WITH RESPECT TO THE MOTOR VEHICLE HEREINBEFORE DESCRIBED FOR A PERIOD AT LEAST COTERMINOUS WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.							
41A. Policy Effective Date: _____				41B. Manual Class: _____ 41C. Ins. Company & Code: _____							
				Insurance Co's Authorized Representative's Signature _____							
<b>Title Data</b>		42. Date of Purchase <u>8/21/2003</u>		43. Odometer Reading <u>10</u>							
44. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle		If new vehicle, certificate of origin must be submitted									
45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained											
46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only				47. Secondary Salvage Brand _____							
<b>Lienholder Information</b>				48. Date of 1st Lien <u>8/21/2003</u>		49. Date of 2nd Lien _____					
I/We certify that all liens on this vehicle are listed below											
50. First Lienholder Code _____				51. Name <u>EAGLEMARK SAVINGS BANK</u>							
52. Lien Address <u>4150 TECHNOLOGY WAY CARSON CITY NV 89706</u>											
53. Second Lienholder Code _____				54. Name _____				55. Lien Address _____			

## Sales or Use Tax Schedule

## SALE BY LICENSED MOTOR VEHICLE DEALER

DEALER EIN/FID NUMBER 042272011

Total Sales Price \$18,685.00  
 (adjusted for dealer's discount and manufacturer's rebate)

Less: Manufacturer's Excise \$  
 (on commercial vehicle over 10,000 lbs body weight)

Net Sales Price \$18,685.00  
 Less: Trade-In Allowance For: \$  
 Year 2003 Make HD Model VRSCA

## VIN No. Required on Trade Ins

Taxable Sales Price \$18,685.00  
 50% Sales Tax \$9,342.50

## SALE BY OTHER THAN MOTOR VEHICLE DEALER

Net Sales Price \$  
 Less: Trade-In Allowance For: \$  
 Year 2003 Make HD Model VRSCA

## Fee Information

C - C 02668  
CONFIDENTIAL